

ISSUE SLIP STAPLE AREA (for additional cross references)

| SECTION | INITIALS | NO. NO. | DATE |
|---------------------|----------|---------|----------|
| FEE DETERMINATION | AT | | 9-27-99 |
| O.I.P.E. CLASSIFIER | | 25 | 09-30-99 |
| FORMALITY REVIEW | DS | 65685 | 10-6-99 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
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| Final | |
| Original | |
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If more than 150 claims or 10 actions
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